

Screening Systems Review Tool

Use this tool to review your screening procedures and identify what areas may need more information. Check the areas that are already addressed in your procedures. Unchecked boxes indicate areas that may need more information to assure a comprehensive screening system.

OUR SCREENING SYSTEM Do our procedures for each of these areas include:	Cognitive	Physical or Motor	Social Behavioral Emotional	Language	Vision	Hearing
What screenings instruments or methods will be used?						
When do the screenings happen?						
Who will do the screenings?						
Who else can do the screenings?						
Where will they do the screenings?						
How will we conduct/arrange screenings?						
How will we share information with families?						
How will we follow up on screening concerns?						
How will we track or document the process, results, and follow up?						



Use the following checklist to determine if your procedures for screening are comprehensive or need more detail.

A COMPREHENSIVE APPROACH TO SCREENING	
What screenings are needed?	
Description of standardized screening instruments or methods for each area	
Description of standardized screening instruments of methods for each area Description of how the selected instruments or methods are culturally and/or linguistica	llv
appropriate for children in the program	пу
When will each of the screenings occur?	
Timeframes for each screenings occur: Timeframes for each screening conducted both by the program staff and by screenings	
arranged through an outside agency or consultant	
Who will conduct the screenings? Who else can do the screenings?	
Where will they do the screenings?	
The role (not the individual's name) of the staff position or contracted agency who will c	onduct
each screening and where it will take place (child's home, classroom, office, etc.)	onduct
A back-up alternative in case that staff person or agency is not available within the time	frame
How will we conduct/arrange screenings?	Hame
Purchase and storage of equipment, instruments, recording forms	
Staff training on any instruments or processes	
Scheduling of screenings	
Inclusion of teacher/caregiver/home visitor input	
Considerations for the child's health, energy level, and any other factors that may influe outcome of the screening	ice the
Memoranda of Agreement for outside agencies who will conduct screenings, including	
turnaround time for results and annual review of agreement to determine if the plan is	
working for both agencies	
How will we include and share information with families?	
Plan for gathering information from families	
Plan for collaborating with families to complete screening instruments	
Plan for explaining screening instruments, the purposes of each screening, and the result	tc with
families	ts with
How will we follow up on screening concerns?	
Plan for explaining referrals to families	
A referral form for screening concerns	
The person who will complete the referral	
The professionals or agencies who will receive the referral	
Memoranda of Agreement for agencies who will receive the referrals, including procedu	re and
timeline for response	i e aiiu
Timeline for response Timeline for Head Start staff to follow up on referrals	
How will we track or document the process, results, and follow up?	
Description of form or electronic document to track each child's:	
Date of entry into the program	
Screening dates (for all areas)	
Results of screenings	
Notes in the event of delay, health concerns, or other relevant information	
Date and agency for referrals and timeline of response (when referrals are needed)	
Head Start staff follow-up with other agencies or professionals (including dates and	notes)